

Example #7: Amended 592

Incorrect information on original Form 592

Scenario:

OOPS! Partnership M withheld on distributions of \$85,000.00 to two domestic nonresident partners that resulted in a total of \$5,950.00 in withholding. They sent in the correct amount and the original Forms 592-B for the partners were correct, but they incorrectly entered \$4,950.00 on Line 3 of Form 592.

Partnership M needs to file an amended Form 592 with the correct amount on Line 3.

Always attach a note explaining the changes whenever you file amended forms with the Franchise Tax Board.

AMENDED

YEAR

2004

No

Write **AMENDED** at the top of the amended form.

Annual Return

CALIFORNIA FORM

592

Nonresident Withholding

(Independent contractors; rents; royalties; estate & trust beneficiaries; domestic nonresident partners/members)

If you withheld on foreign (non-U.S.) partners, use Side 2 of this form.

If you withheld on both foreign partners and other payees, file a separate Form 592 for the foreign partners.

Form 592-B Type: ☒ Form 592-B attached for each recipient. ☐ Form 592-B information on magnetic media.

Part I Withholding Agent

Name of withholding agent (payer)

Partnership M

Address (number and street)

4 Haunda Road

City

Anywhere

State

CA

Zip Code

99999

PMB no.

☐ California corporation no. ☒ FEIN

0 5 0 5 0 5 0 5 0

☐ Withholding agent's social security no.

Contact person's name and title (please type or print)

Preston Partner, General Partner

Daytime telephone no.

(999) 876-5432 ext. 6789

Part II Tax Withheld

Type of Income: ☐ Payment to Independent Contractors

☒ Distributions to Domestic Partners

☐ Other

Line 3: Enter the correct amount.

☐ Trust Distributions

partners/members)

1	Enter number of Forms 592-B for the type(s) of income checked above	1	2
2	Total amount of California source income subject to withholding	2	85,000 00
3	Total withholding due	3	5,950 00
4	Prior payments for the above calendar year		

Date	Amount	Date	Amount	Date	Amount

Total prior payments 4 0 00

5 **Balance due.** Subtract line 4 from line 3 and enter the balance due. If less than zero, enter -0-.

Attach a check or money order for the full amount payable to "Franchise Tax Board."

Write the payer's FEIN, California corporation number, or social security number

and "Form 592" on the check or money order

Mail Form 592 to the **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0651.**

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